# COURT OF DOMESTIC RELATIONS

[ ] NEW ACCT
[ ] NEW EMPLOYER
[ ] NEW ADDRESS

Case # _____

Judge _____ Magistrate _____ CSEA # _____

Court File E # _____

Hearing Date _____

| Plaintiff /Petitioner | [ ] Obligor/AP | [ ] Obligee/CP | Defendant/Petitioner | [ ] Obligor/AP | [ ] Obligee/CP |

Name Last _____ F _____ M _____   Name Last _____ F _____ M _____

SSN _____ D.O.B. _____ Sex _____ Race _____   SSN _____ D.O.B. _____ Sex _____ Race _____

## MAILING ADDRESS | MAILING ADDRESS

C/O _____                          C/O _____
Street _____                       Street _____
City _____ State _____ Zip _____   City _____ State _____ Zip _____
Phone _____ Eyes _____ Hair _____   Phone _____ Eyes _____ Hair _____
Driver's License _____ Height _____ Weight _____   Driver's License _____ Height _____ Weight _____

## RESIDENTIAL ADDRESS | RESIDENTIAL ADDRESS

C/O _____                          C/O _____
Street _____                       Street _____
City _____ State _____ Zip _____   City _____ State _____ Zip _____
Phone _____ FIPS Code _____ Marital Status _____   Phone _____ FIPS Code _____ Marital Status _____

## EMPLOYER HEADQUARTERS MAILING ADDRESS | EMPLOYER HEADQUARTERS MAILING ADDRESS

Co. Name _____ Phone _____   Co. Name _____ Phone _____
C/O _____                      C/O _____
Street _____                   Street _____
City _____ State _____ Zip _____   City _____ State _____ Zip _____

## EMPLOYEE WORK ADDRESS | EMPLOYEE WORK ADDRESS

Co. Name _____              Co. Name _____
Street _____                Street _____
City _____ State _____ Zip _____   City _____ State _____ Zip _____
Emp. Beg Date _____ Phone _____   Emp. Beg Date _____ Phone _____

## HEALTH CARE INFORMATION | HEALTH CARE INFORMATION

Health Care Name _____        Health Care Name _____
Policy # _____ Eff. Date _____   Policy # _____ Eff. Date _____

## CHILDREN INFORMATION

| Last Name | First | Middle | Sex | SSN | DOB | Emancipation Date | Code | Relationship to Obligee | Pat. Estab. | Paternity. Estab Date | JCT Doc # | Out Of Wedlock |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
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CDR 4905 (Revised 03/18/2010)

# COURT ORDER WORK SHEET

New Acct _____

Chg Info _____

Case # _____     Order # _____

No Chg _____

Chg Custody _____

Court File # _____     Ref. Source: CDR _____ JCT _____ PAT ____ OTH _____ CSEA File _____

CSEA # _____     Date: _____     Prepared By: _____     Update in Computer By _____

**ORDER SECTION**

1._____     This is Spousal Support ONLY.

Entry Date _____/_____/_____

2._____     Mediation entry to be arranged before 75(N) is mailed

75(N) Order_____     Interim Ord_____     Decree _____

3._____     There is NO Child / Spousal support to be considered.

New Order_____     Order Mod._____

4. _____     Adjustment in support is involved. SEND COPIES to CSEA.

Payment Frequency **Monthly**

_____

CURRENT Order Effective Date:        Child Support Amount

_____

_____/_____/_____ Child (1) Amount: $ _____

5._____     Issue a deduction Order (3121.03):

_____/_____/_____ Child (2) Amount: $ _____

a._____     Already prepared, process it.

_____/_____/_____ Child (3) Amount: $ _____

b._____     JFS Office of Unemployment Comp.

_____/_____/_____ Child (4) Amount: $ _____

c._____     Entry Terminating Deduction

_____/_____/_____ Spousal Amount    $_____

d._____     Bond Order: Amount: _____

_____/_____/_____ Cash Medical Order $ _____

e._____     Work Comp.

**Subtotal Current Amount** :  $ _____

f._____     Deduction Order to be sent to other than employer:

**Current Processing Fee**      $ _____

g. _____     Unemployment / Notice

ARREARAGE Order Effective Date: _____/_____/_____

Arrearage Set as of:_____ / _____/ _____

Child Support Arrearage    $_____

Spousal Support Arrearage$_____

Name: _____

Addr: _____

($_____._____)     Arrearage Set

City: _____ State:_____ Zip:_____

Arrearage Payment Amt:     $ _____

Arrearage Processing Fee:   $ _____

Acct.#_____ Type_____

($_____._____)     Interest Set

6._____     Issue Health Care Order:

Interest Pmt. Amt:  $ _____

a._____     Already prepared, process it.

($_____._____)     Medical Set

b._____     Obligor,

Medical Pmt. Amt:  $ _____

c._____     Obligee,

($_____._____)     Birth Cost Set

d._____     Both Parties,

Birth Pmt. Amt:  $ _____

e._____     Shared Liability          Terms:

($_____._____)     Genetic Set

Comments: _____

Genetic Amt:  $ _____

_____

Designated to receive reimbursements:

**TOTAL Monthly Order Amt:** $ _____

_____Obligor     _____Obligee

**PAY CYCLE _____WAGE (LIEN) AMOUNT:**   $ _____

**Comments:**